



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**March 2008**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	C R	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Boyd Andrew Community Services	Helena	Provide residential methamphetamine treatment to low income female adults	None reported	12/5/07	12/07	No	4/8/08	1/11/08	No REQ	4/10/08	Y 2/16/08	No
Home Options HHA	Kalispell	Expand HHA services to Lincoln County	\$16,000.00 estimated	2/20/08	3/08							
HomeLink of St. Peter's Hospital	Helena	Expand HHA services to Broadwater County	None reported	2/22/08	3/08							

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed  
 FAC Facility  
 HHA Home Health Agency

H Hospital  
 HIS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home  
 NR Non-Reviewable Project  
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
 N Disapproval    Y Approval or Yes  
 DATES Month/Day/Year

\* First-year operating cost HHA  
 Name of facility in **BOLD** indicates a new request for report month